

FY2016

# Abstinence Education Application

INDIANA STATE DEPARTMENT OF HEALTH  
Division of Maternal and Child Health

**APPLICATION DUE DATE**

Friday, May 15, 2015  
5:00 PM EST

Please use the **Abstinence  
Education RFP** to complete  
this document

## SECTION 1: INSTRUCTIONS

Please refer to the RFP for detailed instructions on how to complete this document. For each section, refer to the corresponding section in the Abstinence Education RFP.

This is an electronic application. The entire application cannot exceed **50 pages** (including this entire Application attachment, forms, etc.). Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process.

### **IMPORTANT: REFER TO ABSTINENCE EDUCATION RFP FOR DETAILED INSTRUCTIONS ON HOW TO COMPLETE THIS APPLICATION.**

## SECTION 2: COMPLETION CHECKLIST

THIS CHECKLIST IS TO ASSIST IN ASSURING EACH SECTION OF THE APPLICATION IS COMPLETE. BEFORE SUBMITTING, PLEASE CONFIRM THAT EACH SECTION IS COMPLETED IN ITS ENTIRITY.

- ☐ Section 3: Important Information
- ☐ Section 4: Summary
- ☐ Section 5: Application Narrative
  - ☐ 5-1: Organizational Background/Capacity
  - ☐ 5-2: Evidence-based Programming
  - ☐ 5-3: Statement of Need
  - ☐ 5-4: Project Goals and Objectives
  - ☐ 5-5: Activities
  - ☐ 5-6: Staffing Plan
  - ☐ 5-7: Resource Plan/Facilities
  - ☐ 5-8: Evaluation Plan
  - ☐ 5-9: Sustainability Plan

- ☐ 5-10: Literature Citations
- ☐ Section 6: Budget
- ☐ Section 7: Required Attachments
- ☐ 7-1: Bio-sketches
- ☐ 7-2: Job Descriptions
- ☐ 7-3: Timeline
- ☐ Section 8: Additional Required Documents
- ☐ 8-1: IRS Nonprofit Tax Determination Letter
- ☐ 8-2: Org Chart & Program-Specific Org Chart
- ☐ 8-3: Letters of Support / Agreement / MOUs

### SECTION 3: IMPORTANT INFORMATION

#### PROJECT INFORMATION

Project Title:		Amount Requested: \$
Agency Name:		
City:	Zip:	County:
Agency Email:		
Agency Phone: (     )     -		Agency Fax: (     )     -
Agency Website:		
Federal ID Number/ Taxpayer ID:		

## CONTACT INFORMATION

Primary Contact:		
Contact Address:		
City:	Zip:	County:
Contact Email:		
Contact Phone: (     )     -	Contact Fax: (     )     -	

## REQUIRED SIGNATURES

Signature of Applicant Authorized Executive Official*:	
Name:	Position Title:
Signature of Project Director*:	
Name:	Position Title:
Signature of Person Authorized to Make Legal and Contractual Agreements*:	
Name:	Position Title:

\*Typed signature will be accepted

## **SECTION 4: SUMMARY**

SUMMARY (2000 CHARACTER LIMIT)

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## **SECTION 5: APPLICATION NARRATIVE**

SECTION 5-1: ORGANIZATION BACKGROUND / CAPACITY (2000 CHARACTER LIMIT)

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SECTION 5-2: EVIDENCE-BASED PROGRAMMING (2000 CHARACTER LIMIT)

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SECTION 5-3: STATEMENT OF NEED (4000 CHARACTER LIMIT)

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SECTION 5-4: PROJECT GOALS AND OBJECTIVES (2000 CHARACTER LIMIT)

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SECTION 5-5: ACTIVITIES (6000 CHARACTER LIMIT)

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SECTION 5-6: STAFFING PLAN (4000 CHARACTER LIMIT)

#### SECTION 5-7: RESOURCE PLAN / FACILITIES (2000 CHARACTER LIMIT)

#### SECTION 5-8: EVALUATION PLAN (6000 CHARACTER LIMIT)

#### SECTION 5-9: SUSTAINABILITY PLAN (2000 CHARACTER LIMIT)

#### SECTION 5-10: LITERATURE CITATIONS (2000 CHARACTER LIMIT)

### SECTION 6: BUDGET

The Budget excel spreadsheet is to be completed as a **separate Microsoft Excel workbook**. Please be sure to complete all three tabs:

- Summary
- FY16 Schedule A
- FY16 Schedule B

### SECTION 7: REQUIRED ATTACHMENTS

#### SECTION 7-1: BIO-SKETCHES

Name:		Position Title:	
Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i>			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study
Relevant Employment Experience <i>(Begin with most recent and include the three most relevant experiences.)</i>			
Agency/ Company	Period of Employment	Position Title	Responsibilities

Name:		Position Title:	
Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i>			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study
Relevant Employment Experience <i>(Begin with most recent and include the three most relevant experiences.)</i>			
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Name:		Position Title:	
Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i>			
Institution and Location	MM/YY of Graduation	Degree (if applicable)	Field of Study
Relevant Employment Experience <i>(Begin with most recent and include the three most relevant experiences.)</i>			
Agency/ Company	Period of Employment	Position Title	Responsibilities

## SECTION 7-2: JOB DESCRIPTIONS

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)

	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

Position Title	Roles	Responsibilities	Qualifications
	1)	1)	1)
	2)	2)	2)
	3)	3)	3)
	4)	4)	4)
	5)	5)	5)

## SECTION 7-3: TIMELINE

		FY 2016			
	Activities	1	2	3	4
PLANNING ACTIVITIES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPLEMENTATION ACTIVITIES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATION / REPORTING ACTIVITIES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **SECTION 8: ADDITIONAL REQUIRED DOCUMENTS**

**SECTION 8-1: IRS NONPROFIT TAX DETERMINATION LETTER**

**SECTION 8-2: ORG CHART & PROGRAM-SPECIFIC ORG CHART**

**SECTION 8-3: LETTERS OF SUPPORT / AGREEMENT / MOUS**